HOMOSEXUALITY: AN ANALYSIS OF 100 MALE CASES SEEN IN PRIVATE PRACTICE

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Amongst the reasons why facts about homosexuality are so hard to come by are: (1) the problem of definition. What are the criteria for homosexuality? Should the emphasis be on preference or performance? How widely should the net be cast? Thus, according to the psycho-analysts, a homosexual component (sometimes conscious but often not) exists in everybody; and if this is correct homosexuality in this sense is universal. (2) The natural reluctance of individuals to admit to a component or preference which is socially condemned or to acts that are illegal and liable to heavy penalty.

But we can probably all agree (*a*) with the general definition—namely, that homosexual means "having a sexual propensity for members of one's own sex" (*O.E.D.*); (*b*) that this propensity varies quantitatively in different individuals and can also vary quantitatively in the same individual during different epochs in life; and (*c*) that, as in other fields of experience and behaviour, introspection being neither exhaustive nor infallible, the individual may quite genuinely not be fully aware of either the existence or the strength of his motivations or propensities; and of course he can lie about them.

We can probably also agree that "having a sexual propensity for members of one's own sex" can affect behaviour, both in psychosexual and in other spheres, in a variety of ways. Explanations of individual behaviour in these terms range, however, from those based on the recognition of sexual acts consciously motivated by homosexual propensities to others that (to many) are in the nature of queer speculations, unproved and improbable (for example, that all aesthetic appreciation has roots in homosexuality). Between these extremes lies a whole series of more or less legitimate deductions and inferences.

Selection of Cases.—We have tried to short-circuit these difficulties by confining our study to cases in which homosexuality was recorded on the diagnostic summary cards kept by one of us as being either the presenting problem or a *major* part of the diagnostic formulation. All of these patients were consciously aware of their homosexual propensities and/or had indulged in homosexual acts with others. Cases of inferential or "latent" homosexuality were not included, nor were the cases whose homosexual preference or performance seemed to be an incidental finding of secondary significance from the psychiatric point of view.

Incidence.—From a series of 5,000 cases seen in private practice, the incidence of homosexuality, as outlined above, worked out as 5% of males over the age of 16 and 0.3% (a total of 7 cases) of females over 16.

Of the original 128 male cases, 100 were chosen for further study on the arbitrary basis of adequacy of documentation.

General Findings

The reasons for reference of the 100 cases were:

Criminal charge or executive consequences thereof	30
Worry over homosexual propensities (for example, "Can I change?") as the presenting complaint	25
Various psychiatric problems (for example, depression, excessive drinking) rather than direct worry over homosexuality as the presenting complaint	22
Pressure from friends or relatives	12
Marital difficulties, including impotence	5
Homosexual jealousy or deprivation reactions	2
Executive problems	2
Fear of scandal arising from homosexual acts	2

Age.—The ages of the group ranged from 16 to 69, the mean being 28.2 and the median 33 years. Table I shows the age distribution. In successively higher age groups, the proportion who came because of a criminal charge rose steadily.

TABLE I

Age:	16–25	26–35	36–45	46–55	56–65	66–	Total
Charged	2	11	9	5	1	2	30
Not charged	20	23	18	8	1	0	70
Totals	22	34	27	13	2	2	100

Education and Occupational Status.—The educational and occupational status of the group as a whole was high: 51 had been to public schools, 19 to grammar schools, 13 to secondary schools, and only 10 to elementary schools. Satisfactory information about the education of the remaining 7 is lacking. Of the 100, 41 had been to universities. As regards occupations, using the Registrar-General's coding, the distribution was as follows: (I) professional, 34; (II) intermediate, 24; (III) skilled, 21; (IV) semi-skilled, 1; (V) unskilled, 1; students, 8; not classified, 11; total 100. The most highly represented occupations were: civil servants, 7; doctors, 6; clergymen, 6; school teachers, 6; and 7 worked in jobs connected with stage or radio. There was one window-dresser and one dress designer.

Associated Psychiatric Disorders

Abnormalities of Personality.—It is always difficult to assess or classify these. The best we could do was to group them as follows: sociopathic, 12; inadequate or neurotic, 18; average, 38; good, 26; not classified, 6.

Previous Breakdowns.—In 23 there was a history of nervous trouble in the past which had either received medical treatment or was judged retrospectively as severe enough to have merited this. In addition, 8 had in the past received treatment specifically for homosexuality.

Psychiatric Diagnoses.—The following diagnoses were made at the time of consultation: anxiety state, 6; alcoholism (including 1 paranoid), 4; reactive depression, 2; hysterical reaction, 2; obsessional or phobic, 3; endogenous depression, 2; psychopathic mood-swing, 2; mixed neurotic problem, 2; suspected dementia, 1; post-meningitic personality changes, 1; mental deficiency, 1; total 26.

In all, 43 had either an associated psychiatric syndrome (often minimal) or a neurotic, inadequate, or "sociopathic" personality, or a combination of both. Of the remaining 57, 6 gave a history of psychiatric trouble in the past. Thus in spite of the probability that any group of homosexuals referred to a psychiatrist might be expected to be heavily weighted in the direction of psychiatric abnormality, no fewer than 51% were considered to be free from gross personality disorder, neurosis, or psychosis during their adult lives. Only one was certifiably defective and none certifiably insane. They included a number of important and talented individuals of high integrity, successful, efficient, and respected members of the community. Only two had been on any criminal charge other than homosexuality. Very few showed the traditional "pansy" picture of homo-

sexuals; indeed, only 21 were noted to have at all obvious homosexual personality traits, only one of these being a paedophiliac.

Psychosexual Experience

Continence.—All but 11 of the 100 cases admitted to one or more homosexual acts with others since adolescence.

Frequency of Acts.—Sufficient information was available in 60 cases who admitted to activity with others to say that, at a very conservative estimate, these 60 persons committed between them 600 and 700 (criminal) acts a year. We have no doubt that the true figure would be much higher. This opinion is based on special inquiry directed to those cases we were able to follow up personally and fortified by data given by other patients, not included in this series. In an ordinary psychiatric assessment, as opposed to a research project, it is often not relevant to inquire into the sexual practices of patients in full detail, whether as regards frequency or type.

Types of Act.—Between practising adults, mutual masturbation was almost universal. Including follow-up information, buggery was noted in 29% and fellatio (and concerning oral-genital activities no special inquiry was usually made at all) was noted in 11%.

For the reasons just given, we are satisfied that the percentages given for buggery and fellatio greatly underestimate the true incidence of such practices. We have little doubt that, although individuals do differ in their preferences, most regularly practising homosexuals indulge at some time or another in all available types of homosexual acts, both actively and passively.

TABLE II.—*Comparison of Continent Homosexuals, Known Buggers, and Practising Homosexuals not Noted as Practising Buggery*

	Continent		Buggery		Practices, No Known Buggery	
	No.	%	No.	%	No.	%
Age 30 or under	6	*54*	12	*41*	24	*40*
Occupational class I or II	7	*64*	18	*62*	33	*55*
Public school	4	*36*	16	*55*	31	*51*
Charged	—	—	10	*34*	20	*33*
Charged more than once	—	—	5	*17*	11	*18*
Associated mental disorder or history	4	*36*	11	*38*	20	*33*
Sociopathic	0	*0*	4	*14*	8	*13*
Neurotic or inadequate personality	2	*18*	4	*14*	12	*20*
"Good" personality	3	*27*	7	*24*	16	*26*
"100% homosexual"	2	*18*	16	*55*	24	*40*
6 or more partners admitted	—	—	19	*66*	11	*18*
Acts with boys under 16	—	—	3	*10*	12	*20*
Totals	11	*100*	29	*100*	60	*100*

Comment.—In respect of the factors tabulated, there was no statistically significant difference between the continent and practising groups.

The Special Legal Position of Buggery.—The law singles out buggery from other homosexual crimes and prescribes a maximum penalty of life imprisonment; whereas for "indecent assault" and acts of gross indecency the maximum penalties are ten years and two years respectively.* Taking a number of criteria (Table II), the only differential point we could find between those known to practise buggery and those in whom buggery was not noted was the apparently higher level of promiscuity, 66% admitting to six partners or more as compared with 18%. (Difference highly significant, $P<0.01$.)

**Medico-legal Note.*—(1) Any act between males anywhere, whether in public or private, is at present a criminal offence if it involves "indecency"—that is, contact with or exposure of the private parts with the intent, either admitted or reasonably inferred, of obtaining sexual excitement. (2) "Indecent assault" means in effect (with few exceptions) homosexual behaviour with a partner under 16 years of age, and need not and usually does not contain any ingredient of violence. It very often consists only in gentle fondling.

Paedophiliacs

We found it possible to divide our series rather sharply into those who were sexually attracted by pre-pubertal boys (paedophiliacs) and those who were not. Seventeen admitted, or showed, paedophiliac impulses. Of these, twelve were not attracted by adults and only five were attracted at different times in their lives both by pre-pubertal boys and older males; the number of these five who admitted *acts* with young boys and adults was two. Further, one of these was mentally defective, and in the other impulsive fondling of a young nephew was a transient phase of doubtful significance.

In our series the age of the preferred love object was quite strikingly fixed; apart from the two dubious cases mentioned, there was no evidence in favour of the concept that adult-seeking homosexuals tend, sooner or later in their lives, to prefer young boys (the so-called "rake's progress").

Further analysis of the 17 paedophiliacs in our series showed that they differed from the "adult-seekers" in the following respects: (1) The paedophiliacs came more often because of a charge than for other reasons. (12 out of 17 as compared with 18 out of 83.) ($\chi^2=13.7$; $P<0.01$.) (2) A higher proportion of paediophiliacs were married (7 out of 17 as compared with 12 out of 83.) ($\chi^2=4.96$; $P<0.05$.) (3) They tended to be older than the remainder—for example, 9 out of 17 paedophiliacs were over 41 as compared with 19 out of the other 82 members of the series ($\chi^2=4.9$; $P<0.05$).

Another distinctive feature of paedophiliacs lies in their social isolation from other homosexuals, many (probably the majority) of whom regard the seduction of young boys as abnormal and immoral. Paedophiliacs are seldom members of homosexual coteries; they are obliged to be lone wolves in their sexual pursuits, of which they are often much ashamed. The capacity for self-deception which many paedophiliacs show is possibly a reflection of this shame. For example, in our series a married schoolmaster of 40 who had made a practice for years of inspecting and fondling boys' genitals in the dormitories at night, explained his actions as a means of making sure that the boys were not masturbating—that is, as benevolent supervision. A 69-year-old priest who had been assaulting boys twice weekly for at least a year said, "I must have known it was wrong, but somehow I never thought of it."

According to Kinsey (personal communication) paedophiliacs constitute only a small fraction, not more than 3%, of homosexuals as a whole. In our experience of psychiatric practice, the proportion is somewhat higher, and amongst those criminally charged it is very much higher, in fact misleadingly so.

The Homosexual-heterosexual Scale

Homosexuality is not an "all-or-none" condition. In this series every gradation was found between apparently exclusive, lifelong, "100%" homosexuality, without any conscious capacity for arousal by heterosexual stimuli, and predominant heterosexuality with only transient or minor homosexual inclinations. Kinsey *et al.* (1948) introduced a seven-point rating of homosexuality, with a maximum of 6 points for sexual arousal and activity with other males only, 0 for exclusive heterosexuality, 3 for arousals and acts equally with either sex, and intermediate scores accordingly. The

TABLE III

Original Classification	Approx. Kinsey Equivalent	Number
"100%" homosexual (or nearly so)	5–6	42
Bisexual, predominantly homosexual	4	29
Bisexual, not predominantly homosexual, or transitional homosexuality	1–3	16
Bisexuality not otherwise specified	2–5	3
Homosexual, not classified	—	10

original notes did not use this scale, but in the following classification the very approximate "Kinsey equivalents" are shown in Table III.

Diagnostic Criteria

The fact that the same act may have a totally different psychosexual significance for different individuals was illustrated by the cases of two young men who had both been fined for the same act of gross indecency (mutual masturbation). The doctor of the organization for which they both worked sent them for an opinion on prognosis. One was found to be exclusively homosexual and was judged to have no chance of changing in the direction of heterosexuality; the other was almost entirely heterosexual in his psychic responses, and the incident in his case was considered an isolated and insignificant one. Follow-up confirmed these opinions.

In forming an opinion on the place of a given individual on the homosexual–heterosexual continuum, account was taken of masturbation fantasies and erotic dream content. Friendly but disinterested relations with girls were taken to mean a poorer prognosis, in terms of possible changes in the direction of heterosexuality, than shyness and embarrassment in female company.

Heterosexual Activity

Many homosexuals indulge in intercourse with women out of academic curiosity or in an attempt at self-diagnosis or treatment. For assessment purpose the subjective aspect of heterosexual experience—whether it is enjoyed or desired or not—is more important than what physically takes place.

In our series 19 were at some time married and another 17 had physical heterosexual experience. One 60-year-old man was persuaded by his wife to seek advice for impotence. He had married 25 years previously in the hope of curing his homosexual tendencies, but found that he could achieve orgasm only with the help of homosexual fantasies. He continued to do so, and was physically successful for the first 23 years of his marriage, after which his potency failed. He had six children, but remained homosexual. Sexual intercourse was, in effect, masturbation per vaginam so far as his psychic responses were concerned.

Facultative Homosexuality

Facultative homosexuality is not an entity apart, and the term may be used in respect of almost any bisexual individual. In our series there was clear evidence of facilitation of homosexual acts by environmental factors in 10 cases. One man, for example, avoided the company of women on legal advice while his divorce was pending, and got involved in homosexual activities which led to a criminal charge. Another, also on a charge, had sought consolation in homosexual contacts when economic failures increased the isolation which he felt as a relative dullard in a clever family.

Treatment

Objects.—The objects of treatment can be arbitrarily divided under four main headings: (1) change in direction of the sex urge, (2) greater continence, (3) greater discretion, and (4) better adaptation to the sexual problem and to life in general.

Methods.—As always in psychiatry, treatment consists in a mixture of physical, psychological, social, and environmental measures in varying proportions according to the case.

Recommendations Made.—(*a*) In-patient care, generally for an associated psychiatric condition such as alcoholism, was advised in 11 cases. (*b*) Psychotherapy, in the broad sense of further psychiatric interviews of any number or type (including analysis), was recommended in 23 cases. A choice of hospital or private treatment was available. (*c*) In the remaining 66 cases treatment was limited to discussion at the initial interview, simple counsel, prescription of medicines or environmental adjustments. Psychotherapy in these patients was either not advised or (for example, for geographical reasons) was impracticable.

Legal Reports.—Reports were written to solicitors in 22 cases, but evidence was given in only 9. The discrepancy may be partly due to the fact that reports often contained information and opinions which would have been highly damaging to the defence if revealed in court. For example, in two such reports, the opinion was expressed that prison would be the most appropriate treatment.

Follow-up

Method.—The extent of the follow-up was limited by the need for circumspection. In 95 cases letters were sent to the patient and/or one or more of the following: relatives, family doctors, psychiatrists, other doctors, solicitors, probation officers. Letters to patients generally contained an invitation to attend for personal interview. The response is shown in Table IV.

TABLE IV

Seen personally by one of us	15
Documentary information bearing on sex life	44
,, ,, not bearing on sex life	11
No reply, or useless reply	30

Changes in Orientation.—Of the 59 patients about whom sufficient information was available, 9 (or roughly 1 in 6) reported less intense homosexual feelings, or increased capacity for heterosexual arousal, 3 became more homosexual in preference than when first seen, and no change, even of a minor order, was found in the sexual orientations of the other 47. When a change was found it often amounted only to a slight alteration in the balance of masturbatory fantasies.

Changes in Performance.—Of the above-mentioned 59 patients, 11 showed improved discretion in or control of their persisting homosexual desires. 4 became more active, and another 9 were charged during the follow-up period with homosexual offences.

Changes in Adjustment.—Twenty-three were reported to show improved subjective adjustment or general well-being; this (rather than increasing unhappiness) was the main trend. Three died (one by suicide).

Those Seen Personally.—The 15 who came for interview were a self-selected minority, but they provided more reliable follow-up data than the remainder. Five reported a change towards heterosexuality, 2 were more homosexual in preference, 2 were more discreet, and 3 were more actively practising than before.

Comparison with Original Prognosis.—Of the 59 cases in whom follow-up information was available, the original opinion on the diagnosis and prognosis of the homosexual condition was sufficiently detailed in 52 for the comparison shown in Table V to be made between prediction and outcome. It will be seen that the original forecast was most often correct in cases of the "100%" type. Adding the first two groups, 3 out of 38 changed towards heterosexuality as compared with 6 out of 14 of the third group. The difference is highly significant ($P<0.01$).

TABLE V

Diagnosis and Prognosis	Total	Changes in Preference		
		Towards Hetero-sexuality	More Homo-sexual	No Change
"100%" homosexual—no chance of change	24	1	—	23
Predominantly homosexual—little chance of change	14	2	0	12
Bisexual, reasonable chance of change	14	6	3	5

Age and Prognosis.—Changes in preference in the direction of heterosexuality occurred more often in those aged

16 to 25 (6 out of 20) than in those aged 26 or over (3 out of 39). This difference was not, however, statistically significant. Thus, such changes were related more clearly to the degree of bisexuality as originally formulated than to age.

Effects of Psychotherapy.—Twenty-five patients who had psychotherapy of any kind during the follow-up period were compared with a matched group not so treated. The mean duration of follow-up was 4¼ years. No difference between the two groups could be discerned as regards change in sexual orientation, discretion, or control. Rather more of the treated patients (12 out of 25 as compared with 8 out of 25) appeared to come to better terms with their problems at a subjective level, but increased overt activity was sometimes noted after treatment. None of these differences was statistically significant. (It is proposed to publish detailed findings separately.)

Some Special Problems

Education.—There were few differences in the histories of ex-public and grammar school boys respectively. Homosexual practices at school age were noted in 12 out of 51 of the former and in 7 out of 19 of the latter; these proportions are not significantly different from each other.

Seduction.—Seduction, or an attempt thereat, by an adult or much older youth was stated to have occurred before the age of 14 in 13 patients and between 14 and 18 years in four other patients. Seduction was reported in 9 out of 30 cases on a criminal charge, and 8 out of 70 who were not, the difference being just significant ($\chi^2=3.90$; $P<0.05$). Comparison of the incidence of a history of seduction in those with impulses directed towards pre-pubertal boys (5 out of 17) and the remainder (12 out of 83) revealed no statistically significant association.

Promiscuity.—Some patients were extremely promiscuous, and great risks were taken in making contacts in public lavatories despite the known observation kept on such places by plain-clothes police. Among reasons given for taking these risks were anatomical proximity and convenience, voyeuristic pleasure ("Penises to me are like tits to the reader of *Vie Parisienne*"), and fantasies of meeting prominent figures ("You never know—X.Y. (a well-known film star) might be standing next to you"). Uriniferous odours have an aphrodisiac effect on some. It has been suggested that the illegality of homosexual acts enhances their appeal. We think that some homosexuals do gain vicarious added pleasure by eluding capture. On the other hand, we have found no patient whose enjoyment has been enhanced by detection and punishment—any more than thrill-seeking racing drivers enjoy a crash. It is our impression that homosexuals tend to be more persistently and consciously preoccupied with sexual thoughts and images than other males.

Blackmail.—Only two patients had a history of being blackmailed in the past. Fear of blackmail was absent in the group as a whole. There was little knowledge of it even at second hand.

Marriage.—Nineteen were, or had been, married. In only eight was marital adjustment apparently satisfactory. A significantly higher proportion of the married (10 out of 19) than of the single men (20 out of 81) came because of a criminal charge ($\chi^2=5.1$; $P<0.05$). The charge concerned boys under 16 in 5 married and 8 single men. Of the 10 married men on a charge, the wives of three were pregnant at the time of the alleged offence.

Criminal Charges.—The criminal charges which brought 30 to the original consultation were: buggery, 2; indecent assault, 12; indecency or gross indecency, 11; importuning, 5. Only one man was charged with acts with adults in private. Adding past history and follow-up findings, in all 36 men were the subject of 54 homosexual charges.

The apparently higher rate of recidivism in those who had been charged before was not significant. Psychiatric findings were negative, in the sense previously used, in 19 out of 30 seen because of a criminal charge, and 32 out of 70 of the remainder. There was no significant difference in these proportions. A similar comparison taking into account also past and subsequent charges also failed to reveal any significant difference in the incidence of psychiatric abnormality in those who were charged once or more than once, as compared with the homosexuals who kept out of legal trouble. Two men in the series were at one time or another on other criminal charges (one false pretences, one living on immoral earnings).

TABLE VI

	Total	Charged During Follow-up Period
Charged when first seen, and/or previously	33	6
Not charged when first seen, nor previously	67	3
Totals	100	9

Alcohol.—Four of the 100 patients were alcoholic, and another 10 drank excessively. Homosexual acts were allegedly facilitated by alcohol in 12 cases, including 2 of the aforementioned 14. Such facilitation occurred more often (5 out of 13) in those charged more than once than in those charged once only (3 out of 23), and least often (4 out of 64) in the remaining practising homosexuals who were not charged at all during the span of the investigation.

Associated Perversions.—Apart from the various available types of homosexual act the incidence of other known perversions in the series was four. Three men had sado-masochistic fantasies (one involving horses) and one a muscle fetish—that is, he derived erotic satisfaction from the contemplation, *per se*, of well-developed muscles.

Discussion

The literature on homosexuality shows a very wide divergence of opinion on what should be included. The present study was restricted to persons who we believe were homosexual or showed homosexual problems by any criterion. On the other hand, owing mainly to two factors, the group was a highly selected one, and to this extent cannot be regarded as representative of homosexuals as a whole.

The first of these factors was that all cases were referred for a psychiatric opinion, and would therefore be likely to contain a high proportion of the psychiatrically disturbed and criminally charged (these latter having come in the hope of establishing medical reasons for mitigating the rigours of the law).

The second was that all cases were referred for a psychiatric opinion in private, and hence contained a high proportion of the well-to-do. This was reflected in their high educational and social status, and in the relative adequacy with which they were able to verbalize their problems. (By contrast, dull and inarticulate persons are often unable to give more than the crudest account of their psychosexual reactions, and accurate assessment of propensities or the significance of activities is correspondingly difficult.)

The patients were all seen for specific practical reasons, either clinical—for example, "Can I change?"—or legal—for example, "Will he relapse?"—and the case notes were inevitably less complete than in a planned research project. Records differed in scope and emphasis from case to case, and negative findings were not routinely recorded unless considered relevant. Since all cases were seen initially by the same psychiatrist, the personal factor in history-taking was relatively constant. However, it must be remembered that the one psychiatrist may have been uniformly wrong, and—like a stitch dropped in knitting—the resulting omissions and bias may have become increasingly serious and the pattern evolved correspondingly distorted.

In general, the recorded differences between sub-groups in the series found to be significant on test are suggestive,

but not always easy to interpret. Such differences might, for example, arise from the nature of the original sample.

Although sufficient data were not always available for exact classification, we believe that with more information all of these cases could have been placed on a continuum between exclusive heterosexuality and complete homosexuality—that is, somewhere on the seven-point Kinsey scale. We have no doubt that this scale provides the best means of classifying homosexuals. It is unambiguous, descriptive, carries no moral connotation—for example, "invert" or "pervert"—and is not based on dubious theories of aetiology—for example, "congenital" or "acquired." It also carries useful prognostic implications.

Promiscuity is a striking feature of most practising homosexuals. We believe that diversity of acts is the rule, and that there is no medical value in attempting to differentiate those practising buggery from other homosexuals.

The distinction between paedophiliacs and adult seekers is, however, a valid and useful one. The overlap between these groups in our series was so small as not to disturb the hypothesis that the age of the preferred love object is, within limits, a characteristic and fixed attribute of an individual's psychosexual make-up.

Only half the patients showed significant psychiatric abnormality other than their sexual deviation, and such associated abnormalities were often slight. Moreover, many of these abnormalities were explicable as a reaction to the difficulties of being homosexual. Symptomatic homosexuality was rare. If homosexuality is a disease (as has often been suggested), it is in a vast number of cases monosymptomatic, non-progressive, and compatible with subjective well-being and objective efficiency. In our series, both practising and non-practising homosexuals were on the whole successful and valuable members of society, quite unlike the popular conception of such persons as vicious, criminal, effete, or depraved. Only one-fifth were at all obviously "pansy," and we found no reason to regard most of the patients as physically, intellectually, or emotionally immature (unless the basic criterion for "immaturity" is that of being homosexual—a circular argument).

The information recorded was insufficient to throw much useful light upon the controversial issue of psychosexual development; but, so far as they went, our data accorded with the widely expressed view (held by authorities as different as Freud and Kinsey) that the main pattern of psychosexual responses is established not later than puberty. Many of our patients were emphatic that they had felt "different" from others and had in fact been homosexual in their orientation so long as they could remember.

The follow-up gave evidence of a change in the direction of heterosexuality in 9 cases out of 59 (roughly 1 in 6) about whom sufficient information on the sex life was available; but such change sometimes amounted to no more than one or two points on the Kinsey scale. There was no evidence, from our series, that psychotherapy had any obvious effect in any way, on points that could be tested. The original prognosis was substantially correct in those of any age classifiable as Kinsey 5 or 6; changes of preference in either direction were less often successfully predicted in bisexual cases, but prognoses were more often right than wrong. We believe that claims for the cure of homosexuals should be treated with reserve unless the Kinsey rating before and after treatment is clearly stated and relevant evidence adduced. It seldom is.

In a search of the literature—concerning which West (1955) gives many references in his valuable monograph—we have been unable to find studies of a group of homosexuals comparable with our own. Most surveys have been concerned with special problems met with in prison—for example, Henry and Gross, 1938; Apfelberg *et al.*, 1944; Taylor, 1947—or mental hospital practice—for example, Gardner, 1931; Ruskin, 1941; Klein and Horwitz, 1949. The discrepancy in composition between our group and that of Taylor working at H.M. (Remand) Prison at Brixton is a marked one, particularly in respect of the higher incidence of serious mental abnormality that he found (3% insane and 9% certifiably defective). Selected groups are seen by medicine and the law, and it is probable that the majority of practising homosexuals never reach either.

Summary

The incidence of homosexuality (as defined) was 5% in males over 16 seen in private psychiatric practice. 100 cases were studied retrospectively and so far as possible by follow-up.

In round figures, 9 out of 10 indulged in homosexual acts with others. Many were highly promiscuous and the majority quite active, the practising group committing at a conservative estimate an average of at least 10 (criminal) acts annually each.

There was no evidence that those who admitted to buggery differed from other practising homosexuals in social or economic success, stability or social worth, or that the continent group differed from practising homosexuals in these respects.

Only 49% of cases showed significant psychiatric abnormalities; these were usually minimal.

Paedophiliacs (meaning by this those who were attracted to pre-pubertal boys) were found to constitute a distinct group and only two committed acts with both adult men and pre-pubertal boys. There was no evidence of those preferring adults subsequently seeking boys (the "rake's progress").

In 59 cases where relevant information was obtained in the follow-up, a change towards heterosexual preference was noted in 9, while 3 became more homosexual, and 47 were unchanged. Only 1 of 24 cases originally regarded as "100% homosexual" reported a change in the direction of heterosexuality.

Twenty-five patients treated psychotherapeutically derived no apparent benefit in terms of changed sexual preference or behaviour as compared with 25 (matched) patients not so treated.

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A small booklet has been written by Dr. J. GIBSON, describing the history and work of St. Lawrence's Hospital for mental defectives at Caterham. The hospital was founded in 1870. The booklet, which includes photographs, was set up and printed by patients in the hospital. Originally the hospital was known as Caterham Metropolitan Asylum, and both mental defectives and patients with mental diseases were accommodated. Gradually the buildings were expanded and improved, and they now house about 2,000 patients from the age of 5 upwards, with a nursing staff of 390. For many years the majority of the patients were low-grade mental defectives, but there are now some high-grade mental defectives there also, and so workshops have been built for them. The booklet was produced in the new printing workshop by some of the high-grade mental defectives working under supervision.